

TOWN OF NARRAGANSETT  
Rental Registration Form  
25 Fifth Avenue Narragansett, RI 02882  
Tel (401) 782-0613 Fax (401)782-0620  
Email: rentalregistration@narragansett.ri.gov

Rental Dwelling Registration  
For all Rented Dwelling Units

This registration is for a one-year period to be renewed annually in December for the following calendar year.  
**Failure to register will result in a late fee of \$300.00, municipal court & additional fines for non-compliance.**

Rental Property Address \_\_\_\_\_ Plat \_\_\_\_\_ Lot \_\_\_\_\_

Number of Units: \_\_\_\_\_ Fee Due: \_\_\_\_\_ **(\$85.00 per unit)**

**Maximum number of tenants :** \_\_\_\_\_ ( Zoning Section 2.2 prohibits renting to more than 4 unrelated persons)  
***\*\*If you rent to more than 4 unrelated persons and your property is located in an R-10 or R-10A zoning district, you may apply for a Special Use Permit through the Building/Zoning Official's office\*\****

**Please make checks payable to Town of Narragansett and remit to address above with completed and signed form. Any payments received with an incomplete registration form will not be accepted and a late fee may be imposed for non-compliance.**

Type of Rental (PLEASE CIRCLE ONE): September–June, Summer, Sept-June & Summer, Yearly or Not a Rental

Owner: \_\_\_\_\_ Home Phone \_\_\_\_\_  
Billing \_\_\_\_\_ Work Phone \_\_\_\_\_  
Address: \_\_\_\_\_ Email \_\_\_\_\_

**Out of State Landlords must have an instate contact for the rental dwelling per Section 34-48-22.3 of the State of Rhode Island General Laws**

Name of Agency \_\_\_\_\_ Phone \_\_\_\_\_  
Contact Name \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

I HEREBY CERTIFY that the above information is true and correct. I understand that any false statements made herein are subject to penalties under law. I further understand that, in accordance with Section 14-519 of the Code of Ordinances of the Town of Narragansett, THE LEASE (WITH NAMES OF ALL ACTIVE TENANTS) AND THIS REGISTRATION FORM ARE TO BE POSTED INSIDE THE PRIMARY ACCESS DOOR OF THE DWELLING UNIT for inspection by police, zoning, building or minimum housing officials of the Town of Narragansett.

**Please copy this form for yourself and your tenants records or send a self addressed stamped envelope and we will mail you a receipted copy.**

\_\_\_\_\_  
Owner(s) /Agent Signature

\_\_\_\_\_  
Date